



CITY OF SAN ANTONIO

Public Access Production Equipment Agreement

NAME: _____ DRIVERS LICENSE: _____

ADDRESS: _____ HOME PHONE: _____

_____ WORK PHONE: _____

CELL PHONE: _____

DATE/TIME OF CHECK OUT: _____
Date Time

DATE/TIME OF RETURN: _____
Date Time

Equipment Check Out List:

CAMCORDER #: _____

	CHECKED OUT	RETURNED
AC ADAPTOR/CABLE:	_____	_____
BATTERY:	_____	_____
TRIPOD:	_____	_____
INSTRUCTION BOOK:	_____	_____
AV CABLES:	_____	_____

Return Equipment To: **Franks Burns**
Television Programming Coordinator
Municipal Plaza Building
Fourth Floor (Room 401)
114 W. Commerce

I hereby certify:

That I have read and understand the City's "Use of Public Access Portable Camera Equipment" terms.

PRODUCER SIGNATURE: _____
CHECK OUT DATE/TIME CHECK IN DATE/TIME

CHECKED IN BY: _____ FEES ASSESSED: _____